

# INSPECTION FORM



## FIELD EVALUATION OF OPERATOR QUALIFICATION PLAN PROTOCOL 9

OPERATOR \_\_\_\_\_

DATE \_\_\_\_\_

**OPERATOR QUALIFICATION  
FIELD INSPECTION PROTOCOL FORM**

<b>Inspection Date(s):</b>	
<b>Name of Operator:</b>	
<b>Operator ID (OPID):</b>	
<b>Inspection Location(s):</b>	
<b>Supervisor(s) Contacted:</b>	
<b># Qualified Employees Observed:</b>	
<b># Qualified Contractors Observed:</b>	

<b>Individual Observed</b>	<b>Title/Organization</b>	<b>Phone Number</b>	<b>Email Address</b>

*To add rows, press TAB with cursor in last cell.*

<b>PHMSA/State Representative</b>	<b>Region/State</b>	<b>Email Address</b>

*To add rows, press TAB with cursor in last cell.*

**Remarks:**

A table for recording specific tasks performed and the individuals who performed the tasks is on the last page of this form. This form is to be uploaded on to the OQBD for the appropriate operator, then imported into the file.

**9.01 Covered Task Performance**

Verify the qualified individuals performed the observed covered tasks in accordance with the operator’s procedures or operator approved contractor procedures.

<b>9.01 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**9.02 Qualification Status**

Verify the individuals performing the observed covered tasks are currently qualified to perform the covered tasks.

<b>9.02 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	
<input type="checkbox"/>		

**9.03 Abnormal Operating Condition Recognition and Reaction**

Verify the individuals performing covered tasks are cognizant of the AOCs that are applicable to the tasks observed.

<b>9.03 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**9.04 Verification of Qualification**

Verify the qualification records are current, and ensure the personal identification of all individuals performing covered tasks are checked, prior to task performance.

<b>9.04 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

**9.05 Program Inspection Deficiencies**

Have potential issues identified by the headquarters inspection process been corrected at the operational level?

<b>9.05 Inspection Results</b> (type an X in exactly one cell below)		<b>Inspection Notes</b>
<input type="checkbox"/>	<b>No Issue Identified</b>	
<input type="checkbox"/>	<b>Potential Issue Identified (explain)</b>	
<input type="checkbox"/>	<b>N/A (explain)</b>	
<input type="checkbox"/>	<b>Not Inspected</b>	

### Field Inspection Notes

The following table is provided for recording the covered tasks observed and the individuals performing those tasks.

No	Task Name	Name/ID of Individual Observed			Comments
		Correct Performance (Y/N)	Correct Performance (Y/N)	Correct Performance (Y/N)	
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

**Operations and Maintenance Records Review**

If performing an operations and maintenance records review in the course of your inspection, please review a sample of the qualifications of the individuals performing those O&M tasks that are covered under Operator Qualification and check the records for compliance to 192.807 or 195.507.

192.807	Records supporting an individual’s current qualifications shall be maintained while the individual is performing the covered task. Records of prior qualification and records of individuals no longer performing covered tasks shall be retained for a period of five years.	Sat.	Unsat.	Not Checked
	Comments:			